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*Bristol Bay Area
Health Corporation is
a tribal organization
representing 28 villages in
Southwest Alaska:*

Aleknagik
Chignik Bay
Chignik Lagoon
Chignik Lake
Clark's Point
Dillingham
Egegik
Ekuk
Ekwok
Goodnews Bay
Ivanof Bay
Kanatak
King Salmon
Knugank
Koliganek
Levelock
Manokotak
Naknek
New Stuyahok
Perryville
Pilot Point
Platinum
Port Heiden
Portage Creek
South Naknek
Togiak
Twin Hills
Ugashik

*Our mission is to
provide quality
health care with
competence and
sensitivity.*

**Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554**

In the Matter of)	
)	
Accelerating Wireless Broadband Deployment)	WT Docket No. 17-79
by Removing Barriers to Infrastructure)	
Investment)	
)	
Accelerating Wireline Broadband Deployment)	WT Docket No. 17-84
by Removing Barriers to Infrastructure)	
Investment)	

COMMENTS OF THE BRISTOL BAY AREA HEALTH CORPORATION

The Bristol Bay Area Health Corporation (BBAHC) hereby submits these comments in response to the Federal Communications Commission's ("FCC" or "Commission")

*Notice of Proposed Rulemaking and Notice of Inquiry*¹ and *Notice of Proposed Rulemaking*,

Notice of Inquiry, and Request for Comment in the above captioned proceedings.

I. INTRODUCTION.

BBAHC is pleased that the FCC is investigating approaches to make more efficient and accelerate the deployment of wireline and wireless broadband facilities. As the FCC evaluates the proposals submitted in this proceeding, it must consider the unique challenges faced in the State of Alaska. BBAHC operates in the greater Bristol Bay region of Alaska and was created in 1973 to provide health care services to the Alaska Native people of Southwest Alaska.

BBAHC began operating and managing the Kanakanak Hospital and the Bristol Bay Service Unit for the Indian Health Service (IHS) in 1980, and was the first tribal organization to do so under the Indian Self-Determination and Education Assistance Act (ISDEAA). BBAHC is now responsible for and successfully providing and promoting health care to 28 Alaska Native Villages.

II. TRIBAL CONSULTATION IS KEY

The BBAHC joins other tribal governments and tribal organizations in encouraging the FCC to increase the importance of tribal consultation in any FCC proceeding or the substance of any rulemaking. While the stated purpose of this rulemaking and the most recent round of FCC tribal consultations is removing obstacles to infrastructure investment and development, the BBAHC agrees with other tribal commenters that tribal involvement in the siting of FCC-approved facilities is not such an obstacle, but rather offers telecommunications providers meaningful involvement from

sovereign tribal nations which can be invaluable in siting infrastructure to better meet community needs. The BBAHC supports the continued use of the Tower Construction Notification System (TCNS) which was implemented for that very reason. The TCNS has been a model for how the federal government, Tribal Nations and industry can work together in a meaningful way that encourages infrastructure development while respecting tribal sovereignty. In joining with other tribal commenters on this subject, BBAHC encourages the FCC to maintain the importance of tribal consultation and involvement on infrastructure siting, and, where possible, build safeguards into the process to add funding to support that tribal role in the process.

III. INVESTMENT IN INFRASTRUCTURE AND RETURN ON INVESTMENT

More than anything, the primary obstacle that exists in siting FCC-approved infrastructure is insufficient funding. Alaska has a population density of just 1.26 people per square mile. In parts of the Bristol Bay region, that figure is even lower. With so few people, SW Alaska is also typified by remote areas that experience severe weather, very few roads for hauling infrastructure equipment or repairing it, small communities that represent tribal people living in their ancestral homelands, and little available conduits for data (i.e. lack of fiber cabling, few areas of 4G or other network connectivity points, low incomes to support community access to phones, routers, and subscription services, etc.).

But BBAHC is an example of why the FCC should focus on increasing funding as the primary obstacle to infrastructure growth, as opposed to solely focusing on regulatory barriers. For many years the BBAHC has been a recipient of the Rural Health Care (RHC) Universal Service Support, specifically under the Telecommunications Program. These program funds have been key for our organization to deploy and use telehealth tools supporting high speed broadband that has become a platform for 21st Century Electronic Health Records that can be shared securely with other medical providers to directly improve patient care throughout Alaska. BBAHC has an active appeal currently to USAC for the failure to fully fund the RHC program in 2016 and that appeal centers on the argument that the FCC lacks the statutory authority to impose an arbitrary \$400 million cap on USAC supported funding. While not a specific topic covered by this NPRM, BBAHC nonetheless urges the FCC to understand that imposition of such a cap is, itself, a substantial obstacle to telecommunications infrastructure investment, as well as a direct threat to human health since our clinics rely on that funding.

In addition, the support helps us to alleviate the high costs of transportation associated with travel to and from rural Alaska. The proposal by the FCC to pro-rate subsidies for Internet service is a potentially devastating development that will undermine BBAHC's ability to provide adequate health care services to our tribal communities.

The case for increased investment in telecommunications services in tribal communities can be made through the FCC having a better understanding of BBAHC's long history linking such services and the delivery of quality health care to remote communities. BBAHC has many years of experience participating in health care projects that advance access to care in Southwest Alaska. As early as 1993, efforts to place computers into BBAHC Community Health Aide Clinics paved the way to expand the BBAHC Wide Area Network to what it is today. Collaborating with community, state

and federal partners, BBAHC adopted several digital solutions giving providers new tools to provide better health care to a population spread over 40,000 square miles in frontier Alaska.

Beginning in 1997, six BBAHC village clinics participated in an innovative National Library of Medicine (NLM) grant in collaboration with Alaska University and Alaska Native Medical Center. The Alaska Telemedicine Testbed Project used messaging to share store and forward inner ear images with ENT specialists in Anchorage, AK.

Following up on the successes of the NLM Grant, in the Alaska Federal Health Care Partners joined forces to develop the Alaska Federal Health Care Network. Beginning in 1999, BBAHC participated on Informatics, Training, Clinical, and Executive Committees used to develop, optimize, deploy, and sustain the AFHCAN Project. This AFHCAN Program did a great deal to help remote sites in Alaska to determine what was needed to utilize the existing telecommunications technology and made industry leadership aware of the future needs to expand telecommunication solutions into remote Alaska communities. This project was so successful that Alaska Medicaid determined the store and forward technology merited reimbursement and the first claims were submitted for reimbursement in 2002. This technology enabled Community Health Aides (CHAs) to send ENT pictures, dermatology photographs, and ECGs to their referral physicians.

Even as successful as the AFHCAN program became, a need for live videoconferencing became evident in the region. Some kinds of health care are better delivered in a face to face videoconference, so in 2001, BBAHC has purchased and deployed videoconferencing endpoints to connect all of the 28 clinic locations in the area. These village deployments required extensive travel and coordination to remote clinics. BBAHC worked with a vendor to develop a custom videoconferencing cart that provides mobile videoconferencing in the corporation clinics. Behavioral Health encounters, physical therapy visits, as well as general medicine encounters all benefit patients that are unable to visit the regional hospital in Dillingham.

As technology advanced and federal initiatives dictated, BBAHC began deploying Electronic Health Record (EHR) technology to all of the corporation clinics. After successfully deploying the EHR to the regional hospital staff, a Distance Learning and Telemedicine Program grant was secured to help develop the workflow needed to assist Community Health Aides to use the EHR in the remote clinics. This grant included goals to encourage collaboration with the Alaska CHAP community. Capitalizing on these goals, BBAHC initiated the talks that brought several Alaska tribal sites together with The Office of Technology in the Indian Health Service to develop best practices and user guides for CHAs wanting to document in the EHR. This grant also provided instructor travel and training money to adequately prepare CHAs with the new technology and workflows.

BBAHC has a long record of experience with telemedicine, technology, and distant learning initiatives. BBAHC has sustained the Videoconferencing carts well past their normal end of life. BBAHC has upgraded the AFHCAN carts three times over the past 15 years and these carts continue to provide a great service to the patients in the

region. The electronic health record improves patient care by consolidating what could be 28 different health records into one commonly shared health record.

IV. CONCLUSION

BBAHC invites the entire FCC Board of Commissioners to come and visit Southwest Alaska and the BBAHC communities. Our region shines as a bright light of success for the FCC, such as the funding subsidy through the RHC program. BBAHC encourages the FCC to continue to expand opportunities for tribal governments and organizations to be involved in, and consult on, the siting of FCC-approved infrastructure. Perhaps more importantly, BBAHC urges the FCC to find ways to spur greater investment in such infrastructure in tribal areas of our country. BBAHC continues to partner with industry, local, state, and federal partners advancing the goal of expanding access to and improving patient care, and FCC support for those efforts is needed now more than ever.

Respectfully submitted,



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Cc: Geoffrey D. Strommer, Hobbs, Straus, Dean and Walker LLP